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## PART-IIA

GOVERNMENT OF MEGHALAYA

NOTIFICATIONS

The 9<sup>th</sup> August, 2017.

**No.FOR.57/2002/Vol-II/742.** - The Governor of Meghalaya is pleased to state that the Government of Meghalaya, in consultation with the Meghalaya Biodiversity Board (MBB), intends to notify the designated forest patch under Umkon Village, Umling Block described hereunder as **Khlaw Kur Syiem Kmielng Biodiversity Heritage Site**, under sub- section (1) of section 37 of the Biological Diversity Act, 2002 (No. 18 of 2003) and Rule 22 of the Meghalaya Biological Diversity Rules, 2010.

- Short Title:-** This Notification may be called as the '**Preliminary Notification of Khlaw Kur Syiem Kmielng Biodiversity Heritage Site (BHS)**'. It will come into force on the date of its publication in the Meghalaya Gazette and will remain in force till issuance of final notification by the State Government.
- Extent of application:** This notification shall apply to the designated forest patch of **Khlaw Kur Syiem Kmielng** under Umkon Village, Umling Block, Ri Bhoi District. The details of the area and boundary of the proposed **Khlaw Kur Syiem Kmielng, BHS** are given in the land schedule below:
- Land Schedule:**

### 3.1 Khlaw Kur Syiem Kmielng, BHS

#### 3.1.1. The Area covered

Name of BHS	Area (Ha)
Khlaw Kur Syiem Kmielng, BHS	16.05

#### 3.1.2. GPS-Coordinates:

The boundaries of the **Khlaw Kur, Syiem Kmielng, BHS** are subtended by below mentioned GPS co-ordinates:

GPS COORDINATES - BOUNDARY WAY POINTS		
ID	LATITUDE	LONGITUDE
260	25° 57' 16.64' N	92° 0' 56.88' E
261	25° 57' 19.42' N	92° 1' 0.10' E
264	25° 57' 21.05' N	92° 1' 4.83' E
265	25° 57' 21.48' N	92° 1' 6.73' E
266	25° 57' 21.58' N	92° 1' 7.56' E
269	25° 57' 22.28' N	92° 1' 13.59' E
270	25° 57' 23.37' N	92° 1' 16.24' E
273	25° 57' 15.50' N	92° 1' 16.89' E
275	25° 57' 14.21' N	92° 1' 17.40' E
276	25° 57' 13.55' N	92° 1' 16.72' E
278	25° 57' 13.83' N	92° 1' 14.09' E
281	25° 57' 14.05' N	92° 1' 3.77' E
282	25° 57' 13.57' N	92° 10.47' E
283	25° 57' 12.56' N	92° 0' 59.76' E
284	25° 57' 11.25' N	92° 0' 58.12' E
285	25° 57' 11.65' N	92° 0' 54.52' E
287	25° 57' 6.97' N	92° 0' 44.85' E
288	25° 57' 9.12' N	92° 0' 46.52' E
289	25° 57' 12.65' N	92° 0' 49.19' E
290	25° 57' 14.52' N	92° 0' 51.80' E
292	25° 57' 15.15' N	92° 0' 52.69' E
293	25° 57' 16.23' N	92° 0' 54.70' E
GPS COORDINATES - SITE INVENTORY		
LABEL	LATITUDE	LONGITUDE
Traditional Cremation Site	25° 57' 11.96' N	92° 0' 52.30' E
Monolith	25° 57' 12.48' N	92° 1' 8.71' E
Traditional Rest Place	25° 57' 13.58' N	92° 1' 12.00' E
Traditional Worshipping Place	25° 57' 14.08' N	92° 1' 15.70' E
Pond I	25° 57' 15.14' N	92° 0' 51.29' E
Pond 2	25° 57' 14.46' N	92° 0' 45.47' E

### 3.2.3. Natural Boundaries of Khlaw Kur Syiem Kmieing, BHS:

East - Private Land of Khongdeit and Syiemkhuning Clan.

West - Private Land of Lit Ranshonand Malai Clan.

North - Private Land of Swit Malai, paddy field of Smi Manih, private land of Ring Khongdeit, private land of Smen Syiem and Bob Syiem.

South - Private land of Syiem Khuning and Khongdeit clan.

4. **Management of the BHS :**

The Biodiversity management Committee (BMC) in whose jurisdiction the BHS is located shall be responsible for the management of BHS. The Meghalaya Biodiversity Board shall guide the BMC concerned. The Forests and Environment Department, Government of Meghalaya shall notify in official gazette, suitable Rules for the management of the Biodiversity Heritage Sites (BHS). Till such time the Rules are notified, the BHS shall be managed in accordance with the 'Guidelines for Identification, Notification and Management of BHS', issued by the National Biodiversity Authority (NBA).

5. **Settlement of objection within 30 days:**

All relevant details of the proposal to constitute **Khlaw Kur Syiem Kmielng Biodiversity Heritage Site BHS**, including the resolution of the local body/BMC, boundary description, preliminary notification, etc. will be made available on the website of the Meghalaya Biodiversity Board (**megbiodiversity.nic.in**) immediately after publication of this notification. A period of 30 days, from the date of this preliminary notification, is hereby given to the stakeholder, to file objections, if any, along with supporting documents, before the **Deputy Commissioner of the District** in which the proposed site is located (Ri Bhoi District). Objections/claims received by the Deputy Commissioner concerned, after the expiry of the 30 days period, will not be considered. The Deputy Commissioner shall decide on the objections/claims and submit a report to the Government, assisted by the Meghalaya Biodiversity Board and the District Nodal Officer (Biodiversity) in the process.

6. The Government of Meghalaya reserves the right to issue final notification constituting the said BHS, after considering all aspects of the proposal including the report of the Deputy Commissioner.

**A. MAWLONG,**

Secretary to the Govt. of Meghalaya,  
Forests & Environment Department.

The 26<sup>th</sup> July, 2017.

**ADDENDUM**

**No.FOR 51/2017/28.** - Reference to this Department's Notification No.FOR 51/2017/26, dated 26<sup>th</sup> July, 2017 wherein the words **"2006"** to be inserted at Para 4(1) at line No. 5 after 16<sup>th</sup> November. Also, the words **"Agro Forestry submission of Ministry of Agriculture"** be inserted in the last line of Para 8.

**A. MAWLONG,**

Secretary to the Government of Meghalaya,  
Forests & Environment Department.

The 9th August, 2017.

**No.PHE.133/2017/11.** - The Governor of Meghalaya is pleased to notify the re-organisation of functions in Public Health Department as follows :-

- (i) **The Chief Engineer, PHE., Meghalaya, Shillong** will continue to look after all matters pertaining to the Directorate of PHE i.e. Establishment, Budget Accounts, Audit, Administrative matters, implementation, maintenance of water supply schemes both under Rural & Urban Areas.

The Chief Engineer, PHE, will also be responsible for implementation of NRDWP (Support) and Water Quality Monitoring & Surveillance Programme (WQM & SP) which was earlier looked after by the Chief engineer, Environment & Sanitation. All related documents, accounts, vouchers, in respect of the above programmes will be handed over to the Chief Engineer, PHE, Meghalaya, Shillong.

The Chief Engineer, PHE, Meghalaya, Shillong will function as DDO of Meghalaya Water & Sanitation (Support) for disbursement of salary of Officers & Staffs.

The Chief Engineer, PHE, Meghalaya, Shillong will assist Principal Secretary/Secretary PHED in maintaining SWSM, [NRDWP] Accounts.

- (ii) **The Chief Engineer, Environment & Sanitation, MWSSO**, shall be fully responsible for implementation of SBM (G) programme in the State of Meghalaya and shall also function as the State Coordinator for SBM (G).

All matters relating to timely implementation of SBM (G) will be the responsibility of the Chief Engineer, Environment & Sanitation, MWSSO, with full financial power of the Chief Engineer, as delegated in the Meghalaya DFP Rules. He will also be responsible for all reporting Online and Offline, IEC Campaign correspondence with Central/State Government and Assembly matters etc. pertaining to SBM (G).

He will assist the Principal Secretary/ Secretary PHED in matters of maintaining SWSM, [SBM (G)] Accounts bearing No.30880616397 opened in SBI, Shillong Main Branch to affect allocation of fund to DWSMs and State Headquarter of SBM (G).

The A/C of State Head Quarter handled by the CE, PHE so far having Bank A/C No.9144010003680721 with Axis Bank, Police Bazar, Shillong for utilization of SBM (G) allocation earmarked for State Headquarter would also be handed over to the Chief Engineer, MWSSO cum Member Secretary, SBM (G).

- (iii) **Addl. Chief Engineers, PHE., Environment & Sanitation, MWSSO, Shillong** will assist the Chief Engineer, Environment & Sanitation, MWSSO, for timely and successful implementation of SBM (G) programme in the State of Meghalaya.
- (iv) **Executive Director, HRD Cell, Office of the Chief Engineer, Environment & Sanitation, MWSSO, Shillong**, will assist Chief Engineers, Environment & Sanitation, MWSSO, Shillong for successful implementation of IEC Activities pertaining to SBM (G).
- (v) **The Addl. Chief Engineers, PHE., Sanitation Cell, office of the Chief Engineer, PHE., Meghalaya, Shillong**, will assist the Chief Engineers, PHE., for implementation of NRDWP (Support) and Water Quality & Surveillance Programme (WQM & SP). He will also assist Chief Engineers, PHE., on matter relating to Planning, PFMS/MIS/GIS etc.,
- (vi) The existing Posts of Deputy Director, HRD Cell, Executive Engineer, Environment & Sanitation, Manager, HRD Cell, Junior Engineer will continue to remain in the Office of the Chief Engineers, Environment & Sanitation, MWSSO. The engagement of Contractual Staff will be decided by the Chief Engineer, PHE., Meghalaya, Shillong since he will be responsible for implementation of activities under NRDWP (Support) and Water Quality Monitoring & Surveillance Programme (WQM & SP) including Laboratories.
- (vii) The Existing Contractual Staffs under SBM (G) will continue to work under SBM (G), which is proposed to be fully under the Chief Engineers, Environment & Sanitation, MWSSO, Shillong. Their Pay/Wages will be paid from SBM (G) Fund, by the Chief Engineer, Environment & Sanitation, MWSSO, Shillong.

**D. P. WAHLANG,**

Principal Secretary to the Govt. of Meghalaya,  
Public Health Engineering Department.

The 21<sup>st</sup> August, 2017.

**No.RDS.98/2014/Pt/97.** - In exercise of the powers conferred under Section 11(d)(i) of the Meghalaya Transfer of Land (Regulation) Act, 1971, the Governor of Meghalaya is pleased to specify the Hindustan petroleum Corporation Ltd. as a Company to which the provisions of the said Act, shall not apply in relation to transfer of land measuring 2600 Sq.m. (more or less) located at Umsaitwait, Sirdarship Jyrngam Circle Riango (and more fully described in the Schedule below) from Shri Bhalangklin Kharlyngdoh to Hindustan Petroleum Corporation Ltd.

**SCHEDULE**

East	-	Bounded by the Garden of Shri Naster Kharlyngdoh.
South	-	Bounded by P.W.D. Road.
West	-	Bounded by the Garden of Smti. Tara Sangma.
North	-	Bounded by the Garden of Smti. Lili M. Sangma.

Boundaries of plot to be leased out:-

North	-	Land/Garden land owner (Bhalangklin Kharlyngdoh).
South	-	P.W.D. Road
East	-	Land/Garden land owner (Bhalangklin Kharlyngdoh).
West	-	Land/Garden owner (Bhalangklin Kharlyngdoh).

**B. HAJONG,**

Joint Secretary to the Govt. of Meghalaya,  
Revenue & Disaster Management Department.

The 4<sup>th</sup> August, 2017.

**No.GHADC-GAD/HPC/235/2009/270.** - The Executive Committee is pleased to reconstitute High Power Committee with Shri Ismail R. Marak, M.D.C. as the Chairman with immediate effect under the following terms of reference.

- i) The Committee shall consist Chairman, Member(s) and Officers as may be appointed by the Executive Committee from time to time.
- ii) To coordinate with Departments of State Government especially in respect of share of royalties and release of GHADCs share.
- iii) To coordinate, monitor and pursue any matters relating to GHADC with the District Council Affairs Department.
- iv) To Coordinate with the Learned Counsel of GHADC in all legal matters including pending cases in the Meghalaya High Court.
- v) To make in depth studies on the existing system of Tax administration, rate of revenue or tax and then to recommend modification or re-organisation with a view to its simplification, improved collection to the maximum extent and necessary measure(s) to prevent evasion.
- vi) To coordinate with other two Autonomous District Council, *i.e.*, KHADC and JHADC in any matter relating to common issues/interest of all the ADCs of the State.
- vii) To make any other recommendations on the connected and relevant matters not specifically covered or any other matter that may be referred to by the E.C.
- viii) To represent GHADC in the state level Meetings as and when entrusted to do so.
- ix) The Executive Committee shall fix the honorarium/sitting allowances, etc. of the Chairman and other Members of the Committee from time to time.
- x) The Committee shall function at the pleasure of the Executive Committee.
- xi) He shall be the permanent invitee to the E.C. meetings of GHADC.

**B. CH. MARAK,**

Chief Executive Member,  
Garo Hills Autonomous District Council, Tura.

The 1<sup>st</sup> August, 2017.

**No.JHADC/GENL/47/1994/259.-** The Executive Committee, Jaintia Hills Autonomous District Council, Jowai is pleased to rearrange the posting of the Chairmen of Committees as follows with effect from 1<sup>st</sup> August, 2017.

1. **Shri L. B. Sumer, M.D.C.,**  
Vice-Chairman Land Revenue & Land Reform Committee as Chairman Planning Board.
2. **Shri Laitsingh Shylla, M.D.C.,**  
Chairman Planning Board as Vice -Chairman Land Revenue & Land Reform Committee.

The rank and status of the Chairman & Vice-Chairman shall be equivalent to that of Member of the Executive Committee with all other facilities enjoy by the Executive Member.

They are to assume office in their respective new assignment.

**R. PHAWA,**

Secretary,  
Executive Committee,  
Jaintia Hills Autonomous District Council,  
Jowai.

The 29<sup>th</sup> August, 2017.

**No.SW 9/2017/151.** - In exercise of the powers conferred under sub-section (1) of Section 101 of the Rights of Persons with Disabilities Act, 2016, (49 of 2016), the Governor of Meghalaya is pleased to make the following Rules subject to provisions of the Act, comments and objections are hereby invited from persons interested in or likely to be affected by the provisions thereof.

The comments or objections, if any, may be sent to the Commissioner for Persons with Disabilities, Lachumiere, Shillong, within twenty one days from the date of publication of this notification in the Gazette of Meghalaya for consideration by the Government.

Commissioner & Secretary to the Govt. of Meghalaya,  
Social Welfare Department

## **THE MEGHALAYA RIGHTS OF PERSONS WITH DISABILITIES RULES, 2017.**

### **PART - I PRELIMINARY**

1. **Short title and commencement.** (1) These rules may be called the Meghalaya Rights of Persons with Disabilities (General) rules, 2017.  
  
(2) They shall come into force on the date of their publication in the Gazette of Meghalaya.
2. **Definitions.** (1) In these rules, unless the context otherwise requires—
  - (a) “Act” means the Rights of Persons with Disabilities Act, 2016 (49 of 2016);
  - (b) “Commissioner” means the Commissioner for Persons with Disabilities of the State Government and “Commissionerate” shall be construed accordingly;
  - (c) “Certificate of registration” means the certificate referred to in rule 7;

- (d) "Committee for Research" means the committee referred to in subrule (2) of rule 3;
  - (e) "competent authority" means the competent authority appointed by the State Government under section 49 of the Act;
  - (f) "Form" mean a Form appended to these rules;
  - (g) "notified" means notified in the Gazette of Meghalaya by the State Government and "notification" shall be construed accordingly;
  - (h) "rules" mean the Meghalaya Rights of Persons with Disabilities Rules, 2017; and
  - (i) "State Government" means the Government of the State of Meghalaya.
- (2) Words used and not defined but defined in the Act shall have the meanings respectively assigned to them in the Act.

## PART II

### COMMITTEE FOR RESEARCH ON PERSONS WITH DISABILITIES

3. **Requirement of permission for research.** (1) No person shall make any research on any person with disability without a permission granted by the Committee for Research referred to in subrule (2).
- (2) The Committee for the purpose of these rules shall consist of the following persons as members, namely-
- (a) The Director of Health Services (MI), Meghalaya .....(Chairman);
  - (b) The Director of Social Welfare, Meghalaya .....(Member Secretary);
  - (c) The Director of Higher and Technical Education, Meghalaya .....(Member);
  - (d) a representative of The North East Indira Gandhi .....(Member);  
Regional Institute of Health and Medical Sciences  
nominated by the Director, NEIGRIHMS,



- (e) five persons with disability representing vision impairment, hearing impairment, locomotor disability, multiple disability and intellectual disability to be nominated by the State Government;
  - (f) five representatives from organisations registered under the Act to be nominated by the State Government;
  - (g) one representative from the Meghalaya State Women Commission, Shillong; and
  - (h) one representative from The Meghalaya State Child Rights Protection Commission, Shillong.
- (3) The Chairman may, if necessity arises, invite an expert to a committee meeting.
- (4) In the discharge of its functions, the Committee may decide its own working procedure.
- (5) The term of the Committee members including that of the Chairman and the Secretary shall be three years from the date of their appointment as members and shall be eligible for reappointment.
- (6) Notwithstanding the expiration of the term the Committee may continue to function until it is reconstituted.
- (7) The State Government may, whenever it is considered necessary to do so, reconstitute the Committee.
- (8) Application for the permission to do research as required in subrule (1) shall be made in Form 'A' and sent to the Member Secretary of the Committee.
4. **Criteria for granting permission.** (1) For granting permission for any research on any person with disability the Committee shall take into consideration —
- (a) the relevance of the proposed research and the consent obtained from the person concerned;
  - (b) the manner and method the consent was obtained under clause (i) of sub section (2) of section 6 of the Act;
  - (c) the ethical practices relatable to the proposed research; and

(d) any other aspects bearing on the person or persons concerned.

(2) The Committee may call for further information from the applicant if found necessary.

5. **Role and functions of the Committee.** The Committee may grant permission for research subject to such conditions, if any, as it may deem necessary and may also set the period of validity of the permission and may revoke or suspend the permission if it is found that the research has been conducted in a manner not consistent with or not conforming to the provisions of the Act or the rules:

Provided that any revocation or suspension shall be only after opportunity of being heard has been given to the researcher.

### **Part III**

#### **LIMITED GUARDIANSHIP**

6. **Provision for limited guardianship.** (1) Where a case for providing limited guardianship under subsection (1) of section 14 of the Act arises, the Commissioner as the designated authority notified by the State Government may provide a person with disability a limited guardian for the purpose as envisaged in the section aforesaid.

(2) The limited guardianship provided under this rule shall be for a particular case and for a specific period:

Provided that where a case is not yet resolved the limited guardianship may continue till a new limited guardian is provided.

(3) The limited guardian should, preferably be the parents, brothers or sisters or adult children of the person concerned or care givers or prominent persons in the locality.

(4) The limited guardian shall from time to time report to the Commissioner regarding the position of the case and shall follow the instructions as may be given.

### **PART IV**

#### **REGISTRATION OF INSTITUTIONS AND CERTIFICATE OF REGISTRATION**

7. **Certificate of registration.** (1) Every person who establishes or maintains an institution for reception, care, protection, education, training, rehabilitation and any other activities for persons with disabilities shall be required to obtain a certificate of registration to be issued by the Director of Social Welfare as the competent authority appointed by the State Government under section 49 of the Act.

(2) Application for the certificate shall be made to the competent authority in Form 'B', accompanied by documents required therein.

(3) On receipt of the application the competent authority shall verify the information furnished and may make enquiries from the District Social Welfare Officer of the district concerned or ask for additional information from the applicant and, if satisfied, shall issue the certificate and, if otherwise, refuse to grant it after giving the applicant a reasonable opportunity of being heard.

(4) Every application shall be disposed of within sixty days from the date it was received excluding the time taken for consultation or for obtaining additional information.

8. **Appeal against refusal to grant the certificate.** Where an application for the certificate is refused, the aggrieved person may, within thirty days from the date of the refusal order, prefer an appeal to the Commissioner & Secretary, Social Welfare Department, who is the appellate authority notified by the State Government under subsection (1) of section 53 of the Act.
9. **Form and period of validity of a certificate.** The certificate of registration shall be in Form 'C' and shall be valid for a period of five years from the date of Issue and shall not be transferable.
10. **Consideration of the facilities and standard of an institution for registration.** When examining a case for registration of any institution regards shall also be had to the following, such as —
- (a) the living conditions for the inmates and the disability friendly nature of the institution;
  - (b) the availability of playing area and pastime activities;
  - (c) the administrative and financial management system of the institution;
  - (d) the nature and environment of the area; and
  - (e) the potentiality of the institution for trade and activities suitable for persons with disability;
11. **Renewal of a certificate.** (1) A certificate may, on an application which should be made within sixty days before it expires, be renewed for a further period and subject to conditions as the competent authority may decide.

(2) For a certificate to be renewed the competent authority may inspect or cause an inspection to be made to assess the requirement and the overall performance of the institution during the previous registration period or periods.

**PART -V**  
**SPECIFIED DISABILITY AND CERTIFICATION**

12. **Application for specified disability certificate.** (1) Any person with specified disability shall be granted a certificate of disability and he may apply to the certifying authorities designated as such by the State Government under subsection(1) of section 57 of the Act, to issue the same, that is, to —

- (a) the Chief District Medical and Health Officer of the district where he resides; or
- (b) the Chief Medical Officer of hospitals in the respective districts, sub-divisions or areas as the State Government may designate from time to time.

Note 1. Specified disability is a disability specified in the Schedule to the Act.

Note 2. The Certificate is valid throughout the country and the holder thereof is entitled to apply for facilities, concessions and benefits as may be admissible under Government Schemes.

(2) The application for a disability certificate shall be in Form 'D'.

(3) The certificates for the specified disabilities shall be, —

- (a) in Form 'E' in the cases of amputation or complete permanent paralysis of limbs or dwarfism and in the case of blindness;
- (b) in Form 'F' in the case of multiple disabilities; and
- (c) in Form 'G' in the cases other than those covered in Forms 'E' & 'F'.

(4) While assessing the extent of specified disability in a person, the certifying authority shall, as far as possible follow the guidelines notified by the Central Government.

13. **Ineligibility for a certificate.** If the applicant is found ineligible for a certificate of disability, the medical officer shall intimate to him the reasons thereof in Form 'H'.
14. **Appeal regarding non-issue of a certificate.** (1) A person aggrieved by the non-issuance of the certificate of disability may make an appeal to the Meghalaya Standing Medical Board being the designated appellate authority within thirty days from the date of receipt of the intimation referred to in rule 13.
- (2) The appeal shall state the reasons and grounds of the grievance and the relief sought for.
- (3) For deciding an appeal the appellate authority may examine the aggrieved person and the extent of the disability complained of and may call for additional test reports for coming to a conclusive decision.
- (4) Any decision taken under subrule (3) shall be final.

## PART VI

### STATE ADVISORY BOARD

15. **Constitution of the Board.** The State Advisory Board when constituted by the State Government with members as envisaged in section 66 of the Act shall function in accordance with the provisions of the Act and the rules.
16. **Conduct of business.** A meeting of the Board shall be presided over by the State Minister of Social Welfare as the Chairperson, *ex-officio*, or, in his absence, by the Minister of State or Deputy Minister as Vice Chairperson, *ex-officio*, in that order and in case all the aforesaid persons are absent, the members present shall choose one from amongst them to preside.
17. **Normal transaction of business.** Subject to the provisions of these rules the Board may devise and adopt its own procedure for normal transaction of business in its meetings.
18. **Quorum.** One third of the total membership of the Board referred to in rule 15 shall form a quorum at any of its meetings.

19. **The Chief Executive Officer and his functions.** (1) The Joint Secretary, Social Welfare Department (or the Commissioner) of the State Government, as Member Secretary, *ex-officio*, shall be the Chief Executive of the State Advisory Board.
- (2) The functions of the Chief Executive office shall be to—
- (a) Issue, over his signature, all notices and deal with correspondences pertaining to the Board;
  - (b) keep or cause to be kept the records and accounts of the Board;
  - (c) record and maintain the proceedings of Board meetings and take follow up action;  
and
  - (d) perform such other functions and duties as are normally incumbent on such officer.
20. **Frequency of the meetings.** (1) The Board shall meet at least once in six months or as often as may be necessary.
- (2) when any matter of importance or urgency arises the Board may hold special meetings and the Member Secretary shall after consulting the Chairperson issue notices accordingly.
21. **Place for holding meeting.** (1) Meetings the Board may be held at Shillong or at any place in the state and the notices shall specify the venue, time and place of the meeting to be held.
- (2) The notice shall be sent fifteen days prior to a meeting to be held and seven days in case of a special meeting and shall briefly indicate the items of the agenda.
- (3) All notices shall be sent out by such means as the Member Secretary may deem fit to make.
22. **Co-option of experts.** (1) If any case arises where an opinion or special advice is required the Board may invite to a meeting a person possessing adequate knowledge in the field to be present or it may refer the case to a consultant and seek his opinion or advice.
- (2) The person invited to a meeting under sub rule (1) may take part in the deliberations but shall not have the right to vote.

**PART – VII****DISTRICT LEVEL COMMITTEE**

23. **Constitution of District Level Committee.** In every district in the state there shall be a district level committee to be known as “The (name of the district) District Level Committee for Persons with Disabilities” consisting of the following members—

- (a) the Deputy Commissioner of the district as Chairman and convener;
- (b) the District Medical and Health Officer of the district;
- (c) a Psychiatrist in the district government hospital;
- (d) the Chief Medical Officers of two private hospitals to be nominated by the Deputy Commissioner;
- (e) a representative from the District Disability Rehabilitation Centre;
- (f) two representatives each from any two other registered organisations dealing with persons with disabilities and their empowerment; and
- (g) a person with disability;

24. **Functions of the Committee.** The District Level Committee shall—

- (a) advise the district authorities on matters relating to persons with disabilities, their rehabilitation and empowerment;
- (b) monitor implementation of the provisions of the Act and the rules in the district;
- (c) assist the authorities in the implementation of schemes and programmes concerning the people with disabilities;
- (d) look into complaints relating to non-implementation of the Act by the district authorities and recommend suitable remedial measures for redressal of the complaints;
- (e) look into appeals as referred to in subsection (4) of section 23 and recommend appropriate measures to be taken; and
- (f) perform any other function as may be assigned by the State Government.

**PART –VIII****STATE COMMISSIONER**

25. **State Commissioner.** The State Commissioner when so appointed by the State Government as contemplated in subsection (1) of section 79 of the Act shall function in accordance with the provisions of the Act and the rules for the time being in force.
26. **Advisory Committee to assist the State Commissioner.** (1) The State Government shall appoint an Advisory Committee comprising of five experts to represent each of the five groups of specified disabilities mentioned in the Schedule to the Act, of whom two shall be women, to assist the State Commissioner.
- (2) The State Commissioner may invite subject or domain expert as per need who shall assist him in meeting or hearing and in preparation of the report.
- (3) The tenure of the members of the Advisory Committee shall be for a period of three years and the members shall not be eligible for re-nomination.

**PART – IX****SCHOOLS AND SCHOOL CHILDREN WITH DISABILITIES**

27. **Nodal Education Officer.** In every office of the District School Education Officer in the State there shall be a Nodal Officer under him, assigned to deal with matters relating to children with disabilities in the schools and where there is no such separate assigned officer, the District School Education Officer shall function as the Nodal Officer for the purpose of these rules.
28. **Functions of the Nodal Officer.** The Nodal Officer shall, —
- (a) conduct survey of school children and identify those with disabilities and ascertain their special needs;
  - (b) review the facilities in the schools for such children and identify areas that may need attention or improvement;
  - (e) advise on means that will afford such children opportunities equally with others in the programmes and activities of the schools; and
  - (f) attend to issues generally relevant to the school children with disabilities.



29. **Report by the Head of a School.** Every Head of a school shall send to the Nodal Officer a report for each academic year indicating the number of such children at the beginning and at the end of the year, their performance and other information pertaining to them with relevant statistical data as may be applicable.
30. **Yearly report.** The District School Education Officer shall send every year a report on matters relating to children with disabilities in the schools along with his assessment, comments and recommendation.

## PART –X

### STATE FUND AND ACCOUNTS

31. **Constitution of a fund.** (1) There shall be constituted a fund to be called “The Meghalaya State Fund for Persons with Disabilities” (hereinafter referred to as the State Fund), into which all sums received from the State Government or Central Government by way of budgetary allocation, grants-in-aid or transfers and other sums as may be received from non-government organisations and other sources shall be credited.
- (2) The state fund shall be kept in \_\_\_\_\_ and shall be operated by \_\_\_\_\_ as the State Government may by resolution decide.
32. **Expenditure from the Fund.** All expenditure required for the implementation of the provisions of the Act and the rules and matters connected or incidental thereto, including payment of sitting fees and daily allowances and such other like expenses shall be met from the Fund.
33. **Sitting and other fees.** A non-official member and any person specially invited to attend meetings of the Committee for Research, the State Advisory Board referred in Part VI of these rules, the District Level Committees referred in Part VII and the advisory committee to assist the State Commissioner as referred to in rule 26 shall be paid sitting fees and also daily allowances, where admissible, as the State Government may from time to time decide.
34. **Financial rules, etc, of the State Government.** In maintaining of the accounts the rules, orders, forms and procedure of the State Government including provisions for audit shall, mutatis mutandis, apply.

**PART – XI**  
**MISCELLANEOUS**

35. **Annual Report.** The Commissioner shall by the month of September each year send to the State Government an annual report regarding persons with disabilities in the State and the report shall include, amongst others, –
- (a) the general implementation of schemes and programmes;
  - (b) the number of persons with disabilities at the beginning and at the end of the year under report;
  - (c) review the performance and the mandated compliance by departments and their agencies;
  - (d) the actions taken or proposed to be taken to achieve results;
  - (e) the adequacy or otherwise of the facilities provided by Government or Non-Government organisations;
  - (f) the expenditures incurred;
  - (g) any other matter connected with persons with disabilities; and
  - (h) suggestions and views, if any.
36. **Transition.** Without prejudice to the provisions of these rules, the powers currently exercisable and the functions performed by the Commissionerate or the Department of Social Welfare of the State Government, including the management of funds and the expenditure, in matters related to persons with disabilities, will continue subject to changes as may be brought about in accordance with the provisions of the Act from time to time.
37. **Repeal and Savings.** (1) The Meghalaya Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2015 are hereby repealed.
- (2) Notwithstanding the repeal, anything done or action taken under the rules so repealed shall be deemed to have been done or taken under the corresponding provisions of these rules.

Commissioner & Secretary to the Government of Meghalaya  
Social Welfare Department.

**Form A****[See rule 3 (8)]****Application for permission to make research on PWDs**

1. Name of the applicant (and age, if individual): \_\_\_\_\_  
\_\_\_\_\_
2. Address (full including name of the State) with contact number, e-mail address, etc.  
\_\_\_\_\_  
\_\_\_\_\_
3. Qualification and present activity: \_\_\_\_\_  
\_\_\_\_\_
4. If an institutional applicant, describe its background, aims and objectives: \_\_\_\_\_  
\_\_\_\_\_
5. Constitution or Memorandum of Association of the institution: \_\_\_\_\_  
\_\_\_\_\_
6. Purpose of the research: \_\_\_\_\_
7. Time for completion of the research: \_\_\_\_\_
8. Supporting documents, if any: \_\_\_\_\_

Signature of the Applicant

**Form B**

[See rule 7 (2)]

## Application for a Certificate of Registration

1. Name of the applicant and address (including name of the State): \_\_\_\_\_  
\_\_\_\_\_
2. Institution in respect of which application is made:
  - a) Name: \_\_\_\_\_
  - b) Address (Office/ Project): \_\_\_\_\_
  - c) Phone /Fax /Telex /(Office): \_\_\_\_\_  
(Project)
3. Name of the Act under which the institution is already registered as a body or society and state the registration number and date of the certificate (attach a copy of).  
\_\_\_\_\_
4. Memorandum of Association and Bye-laws of the institution (attach a copy of).
5. Name, address, occupation and other particulars of the members of the Board of Management/ Governing Body of the institution.
6. Present activities of the institution: \_\_\_\_\_
7. Present membership strength and categorization of the institution. List of documents to be attached:
  - (a) A copy of the annual report for the previous year,
  - (b) Audited Statement of accounts duly certified by Chartered Accountant for the last two years.
  - (c) Details of staff employed by the institution.

- (d) Details of beneficiaries to be covered.
- (e) If hostel is maintained, then the number of hostellers.
- (f) Other terms, if any.
- (g) Whether the institution is located on its own or rented building (necessary evidence to be attached).

Signature of the Applicant

Name :

Designation :

Address :

Date :

Office Stamp:

**Form C**

[See rule 9]

Registration Certificate

**DIRECTORATE OF SOCIAL WELFARE,  
MEGHALAYA, SHILLONG.**

No. SW \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATE*****Certifies*** that \_\_\_\_\_ has this the

\_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_

been registered as an institution within the meaning and for the purpose of the Rights of Persons with Disabilities Act, 2016 (49 of 2016) and the Meghalaya RPD Rules, 2017.

The Certificate is valid for a period of five years from this day and is not transferable.

DIRECTOR OF SOCIAL WELFARE MEGHALAYA  
AND  
COMPETENT AUTHORITY FOR REGISTRATION

**Form D**

[See rule 12(2)]

## Application for obtaining Certificate of Disability

(1) Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

(2) Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

(3) Date of Birth : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(4) Age at the time of application: \_\_\_\_\_ years.

(5) Sex: Male/ Female/ Transgender: \_\_\_\_\_

(6) Address:

(a) Permanent address

(b) Current Address (i.e. for communication)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(c) Period since when residing at current address \_\_\_\_\_

(7) Educational Status (please tick as applicable)

- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle
- (vii) Primary
- (viii) Non-literate

(8) Occupation: \_\_\_\_\_

(9) Identification marks: (i) \_\_\_\_\_ (ii) \_\_\_\_\_

(10) Nature of disability: \_\_\_\_\_

(11) Period since when disabled: From birth or since year \_\_\_\_\_

(12) (i) Did you ever apply for issue of a certificate of disability in the past \_\_\_\_\_ yes/no

(i) If yes, details:

(a) Authority to whom and district in which applied : \_\_\_\_\_

(b) Result of application : \_\_\_\_\_

- (13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

\_\_\_\_\_  
(Signature or left thumb impression of person  
with disability, or of his/her  
legal guardian in case of persons with  
intellectual disability, autism, cerebral  
palsy and multiple disabilities ,etc.)

Date:

Place:

Enclosures:

1. Proof of residence (Please tick as applicable)

- (a) ration card,
- (b) voter identity card,
- (c) driving license,
- (d) bank passbook,
- (e) PAN card,
- (f) passport,
- (g) telephone, electricity, water and any other utility bill indicating the address of the applicant.
- (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Parwari or Head Master of a Government school.
- (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill and other disability, a certificate of residence from head of such institution.

2. Two recent passport size photographs.



**Form – E**

[See rule 12 (3) (a)]

**Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

Recent Passport  
Size attested  
photograph  
(Showing face only)  
of the person with  
disability.

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined Shri./ Smt./ Kum. \_\_\_\_\_

son/wife/daughter of Shri \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female

\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident

of House No. \_\_\_\_\_ Ward /Village/Street \_\_\_\_\_

Post Office \_\_\_\_\_, District \_\_\_\_\_, State \_\_\_\_\_,

whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of :

- locomotor disability
  - dwarfism
  - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(A) he/she has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words)

Permanent locomotor disability/dwarfism/blindness in relation to his/her (part of body) as per guidelines (\_\_\_\_\_ number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature /thumb impression of  
the person in whose favour  
certificate of disability is issued.

Signature & Seal of Authorised Signatory  
Of notified Medical Authority

**Form – F**

[See rule 12 (3) (b)]

Certificate of Disability

(In cases of multiple disabilities)

(Name and Address of the Medical Authority issuing the Certificate)

Recent Passport  
Size attested  
photograph  
(Showing face only)  
of the person with  
disability.

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that we have carefully examined Shri./ Smt./ Kum. \_\_\_\_\_

son/wife/daughter of Shri \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female

\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident

of House No. \_\_\_\_\_ Ward /Village/Street \_\_\_\_\_

Post Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_,

whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of Multiple Disability. His/Her extent of permanent physical impairment/ disability has been evaluated as per guidelines

(B) (\_\_\_\_\_ number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability(in%)
1.	Locomotor disability	@		
2.	Muscular dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral palsy			
6.	Acid attack victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		

10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental Illness			
16.	Chronic Neurological Conditions			
17.	Multiple Sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (\_\_\_\_\_ number and date of issue of the guidelines to be specified), is as follows:-

In figures:-\_\_\_\_\_percent

In words:-\_\_\_\_\_percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

or

(ii) is recommended/after\_\_\_\_\_ years \_\_\_\_\_ months, and therefore this

certificate shall be valid till \_\_\_\_\_

(DD)

(MM)

(YY)

@ e.g. Left/right/both arms/legs

# e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and Seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature /thumb impression of  
the person in whose favour  
certificate of disability is issued.

**Form - G**

[See rule 12 (3) (c)]

**Certificate of Disability**

(In cases other than those mentioned in Form V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

Recent Passport  
Size attested  
photograph  
(Showing face only)  
of the person with  
disability.

Certificate No.

Date:

This is to certify that I have carefully examined Shri./ Smt./ Kum. \_\_\_\_\_  
son/wife/daughter of Shri \_\_\_\_\_  
Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years, male/female  
\_\_\_\_\_ Registration No. \_\_\_\_\_ permanent resident  
of House No. \_\_\_\_\_ Ward /Village/Street \_\_\_\_\_  
Post Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_,  
whose photograph is affixed above, and am satisfied that he/she is a case of  
\_\_\_\_\_ disability. His/her extent of percentage physical impairment/  
disability has been evaluated as per guidelines(\_\_\_\_\_ number and date of issue of  
the guidelines to be specified) and is shown against the relevant disability in the table  
below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability(in%)
1.	Locomotor disability	@		
2.	Muscular dystrophy			
3.	Leprosy cured			
4.	Cerebral palsy			
4.	Acid attack victim			
5.	Low vision	#		
6.	Deaf	€		

7.	Hard of Hearing	€		
8.	Speech and Language disability			
9.	Intellectual Disability			
10.	Specific Learning Disability			
11.	Autism Spectrum Disorder			
12.	Mental Illness			
13.	Chronic Neurological Conditions			
14.	Multiple Sclerosis			
15.	Parkinson's disease			
16.	Haemophilia			
17.	Thalassemia			
18.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

or

(ii) is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till \_\_\_\_\_

(DD)

(MM)

(YY)

@ e.g. Left/right/both arms/legs

# e.g. Single eye

€ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the

Chief Medical Officer/Medical Superintendent/

Head of Government Hospital, in case the

Certificate is issued by a medical authority who is

not a Government servant (with seal)}

Signature /thumb impression of  
the person in whose favour  
certificate of disability is issued.

**Note:** In case this Certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

**Form - H**

[See rule 13]

[Intimation of rejection of Application for Certificate of Disability]

No. \_\_\_\_\_

Date: \_\_\_\_\_

To,

(Name and Address of applicant for Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/Madam,

Please refer to your application dated \_\_\_\_\_ for issue of a Certificate of Disability for the following disability:

\_\_\_\_\_

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Authority on \_\_\_\_\_, and I regret to inform that, for the reasons mentioned below, it is not possible to issue to a Certificate of Disability in your favour:

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to Meghalaya Standing Medical Board being the appellate authority under rule 14 for the purpose.

Yours faithfully,

(Authorised Signatory of the notified certifying Medical Authority)  
(Name and Seal)